



**City of Seaside, CA
Application for Business Operations
Tax Certificate (Business License)**



MUNISERVICES

438 E Shaw Avenue Box 367 • Fresno, CA 93710 • Phone (866) 240-3665 • Fax (205) 423-4097
• Email: bizlicensesupport@muniservices.com

****PLEASE PRINT INFORMATION AND COMPLETE ALL SECTIONS**** *****PLEASE RETURN ORIGINAL WITH LICENSE FEES****

Your license may require you to submit proof of certification and/or permit with your payment. Failure to submit a proof of certification/permit, pay your license in full, or report your gross receipts as required will result in a delay of the release of your license.

1. MuniServices Account #: _____ (If for renewal or reporting additional job address)
2. Business Name: _____ Business Phone: () _____
(Required-appears on business license) (Area Code)
3. Application Date: ____/____/____ Date Business an/or Job Started in Seaside: ____/____/____
4. **JOB ADDRESS:** _____/_____/_____
(Address – do not use P.O. Box) (City) (State) (Zip Code)
5. Contact Name/Title: _____ Contact Phone #: _____
6. Contact Fax: _____ Contact Email: _____
7. Name of Business Owner or Corporation Name: _____
(Required-appears on business license)
8. Business Owner's Home or Corp. Address: _____/_____/_____
(Address – do not use P.O. Box) (City) (State) (Zip Code)
9. Mailing Address: _____/_____/_____
(Address) (City) (State) (Zip Code)
10. State Contractor's License #: _____ Class: _____
11. Business is owned and operated by: a) Individual _____ b) Corporation _____ c) Partnership _____
12. Social Security #: _____ FEIN #: _____ Sellers Permit #: _____
(Individual) (Corporation/Partnership) (For Collection of Sales Tax)
13. If item 11 (b) or (c) applies, list name of corporate president or names of partners:

| | |
|--------------|--------------|
| NAME / TITLE | NAME / TITLE |
| _____ | _____ |
14. If corporation, the following must be completed:
 - a. Exact corporation name is: _____
 - b. Date of Incorporation: ____/____/____ Incorporated in State of: _____
 - c. Name of officer authorized to accept service of legal process: _____

*****NEW APPLICANTS MUST COMPLETE THE BELOW*****

Step 1: Estimate of Gross Income - Section .04.300 Any Contractor/Real Estate Agent/Broker who does not maintain a fixed place of business within the City of Seaside is required to obtain a license and pay fees with respect to any contract or work performed in the city.

I/We certify that the estimated gross income for the contract or work performed within the City of Seaside **FOR THIS JOB** will not exceed \$ _____. (Must provide a copy of a valid California State Contractors License)

Step 2: License Fee Due: \$ _____
(See fee schedule for license tax rates.)

Step 3: Fire Inspection Fee (If applicable): \$ _____

Step 4: CA Senate Bill #1186 (Mandatory State Fee Effective January 1, 2013): \$ _____ **4.00**

Step 5: Penalties (If applicable): \$ _____

Step 6: Administration Fee: \$ _____ **17.00 15.00**

Total Amount Due: \$ _____

Skip to "Required for All Applicants" Section

***** LICENSE RENEWAL APPLICANTS ONLY *****

Step 1: Previous Year's Gross Receipts: \$ _____

Step 2: License Fee Due: \$ _____
(See fee schedule for license tax rates.)

Step 3: Add \$ 15.00 late fee if filed on or after August 1, 2010: \$ _____

Step 4: Add additional 50% penalty if paid on or after September 1st: \$ _____
(Calculated on Business License Fee Only)

Step 5: CA Senate Bill #1186 (Mandatory State Fee Effective January 1, 2013): \$ _____ **4.00**

Step 6: Administration Fee: \$ 17.00 ~~15.00~~

Total Amount Due: \$ _____

****Skip to "Required for All Applicants" Section****

*****THIS SECTION IS FOR CURRENT LICENSEES WHO NEED TO REPORT AN ADDITIONAL CONSTRUCTION JOB AND/OR ADDITIONAL GROSS RECEIPTS ONLY*****

Step 1: Previously reported gross receipts: \$ _____
(This amount would include what was reported on the renewal application AND all additional gross receipts reported since renewing.)

Step 2: Estimate of Gross Income: Section .04.300 Any Contractor/Real Estate Agent/Broker who does not maintain a fixed place of business within the City of Seaside is required to obtain a license and pay fees with respect to any contract or work performed in the city.
I/We certify that the estimated gross income for the contract or work performed within the City of Seaside **FOR THIS JOB** will not exceed \$ _____ (Must provide a copy of a valid California State Contractors License)

Step 3: Add Step 1 and Step 2, this will determine total gross receipts reported YTD: \$ _____

Step 4: Based on total of Step 3, refer to Schedule F of the Seaside fee schedule to determine license fee bracket in which gross receipts YTD falls. Enter license fee due here: \$ _____

Step 5: Enter license fees previously paid for YTD gross receipts: \$ _____

Step 6: Subtract Step 5 from Step 4, this is the additional license fee due: \$ _____

Total Amount of Additional License Fee Due (IF ANY) from step 6: \$ _____

****Skip to "Required for All**

******REQUIRED FOR ALL APPLICANTS******

****REQUIRED DEPARTMENTAL SIGNATURES****

Building Department: _____ Date _____
(For Commercial Business)

Code Enforcement: _____ Date _____
(For business in your home)

Planning Division: _____ Date _____
(For businesses located in Seaside)

Police Department: _____ Date _____
(For Commercial business and peddlers)

To be completed by the City of Seaside Business License Department Only:

Payment Method:
(If payment is collected, please submit copy of payment and receipt.)
 Check Cash Credit Card
 No Additional Payment Collected

Payment Method Forwarded to MuniServices?
 Yes No

If payment forwarded to MuniServices make check payable to "Tax Trust Account".

Form/Pynt Rec'd By: _____
Date Form/Pynt Rec'd: _____

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

I HEREBY SWEAR UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY SWEAR THAT THE AMOUNT OF CAPITAL INVESTED OR VALUE OF GOODS, STOCKS, FURNITURE AND FIXTURES OR AMOUNT OF SALES OR RECEIPTS AS REQUIRED FOR DISCLOSURE IN ORDER TO OBTAIN A BUSINESS LICENSE HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND ISSUANCE OF LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/RULES.

Print Name and Title: _____ Signature: _____

Business Name: _____ Contact #: () _____
(Required-appears on business license)

PENAL CODE SECTIONS

SECTION 126. PUNISHMENT FOR PERJURY: Perjury is punishable by imprisonment in the state prison for not less than two, three or four years.

SECTION 129. FALSE STATEMENT PURPORTEDLY UNDER OATH THOUGH NOT SWORN TO:

Every person who, being required by law to make any return, statement, or report, under oath, willfully makes and delivers any such return, statement or report, purporting to be under oath, knowing the same to be false in any particular, is guilty of perjury whether such oath was in fact taken or not.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by MuniServices/RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. MuniServices/RDS is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.revds.com/taxpayer/return-check-disclaimer.